



PATENT
RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 4, 2004.

C. Magallon
Signature

Appl No. : 09/909,358 Confirmation No. 1227
Applicant : Miri Park, et al.
Filed : July 18, 2001
Title : METHOD AND APPARATUS FOR FABRICATING COMPLEX
GRATING STRUCTURES

TC/A.U. : 1765
Examiner : Kin Chan Chen

Docket No. : 40682/SAH/T539

Customer No. : 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
March 4, 2004

Commissioner:

In response to the Office action of December 5, 2003,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

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Applicant : Miri Park, et al.
Application No. : 09/909,358
Filed : July 18, 2001
Title : METHOD AND APPARATUS FOR FABRICATING COMPLEX GRATING
STRUCTURES

Grp./Div. : 1765
Examiner : Kin Chan Chen

Docket No. : 40682/SAH/T539

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Pasadena, CA 91109-7068
March 4, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	31	*29	2	x \$9.00	2 x \$18.00	36
Independent Claims	2	** 3	0	x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						36
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 25 and 30						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

X _____ Attached is our check for \$36.00 to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.

Amendment Transmittal Letter
Application No. 09/909,358



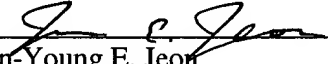
____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By


Jun-Young E. Jeon

Reg. No. 43,693
626/795-9900

JEJ/cam

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